

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

IN RE: ZANTAC (RANITIDINE)
PRODUCTS LIABILITY
LITIGATION

MDL NO 2924
20-MD-2924

JUDGE ROBIN L ROSENBERG
MAGISTRATE JUDGE BRUCE REINHART

THIS DOCUMENT RELATES TO:

JURY TRIAL DEMANDED

Mark K Bryant

(Plaintiff Name(s))

SHORT-FORM COMPLAINT - VERSION 2

The Plaintiff(s) named below, by counsel, file(s) this Short Form Complaint against Defendants named below. Plaintiff(s) incorporate(s) by reference the allegations contained in the Amended Master Personal Injury Complaint ("AMPIC") in *In re: Zantac (Ranitidine) Products Liability Litigation*, MDL No. 2924 (S.D. Fla.). Plaintiff(s) file(s) this Short-Form Complaint - Version 2 as permitted by Pretrial Order No. 31 and as modified by the Court's Orders regarding motions to dismiss [DE 2532, 2512, 2513, 2515, and 2016].

Plaintiff(s) select(s) and indicate(s) by completing where requested, the Parties and Causes of Actions specific to this case. Where certain claims require additional pleading or case specific facts and individual information, Plaintiff(s) shall add and include them herein.

Plaintiff(s), by counsel, allege as follows:

I. PARTIES, JURISDICTION, AND VENUE

A. PLAINTIFF(S)

1. Plaintiff(s) Mark K Bryant

("Plaintiff(s)") brings this action (check the applicable designation):

On behalf of *[himself/herself]*;

In representative capacity as the _____, on behalf of the injured party, (Injured Party's Name) _____.

2. Injured Party is currently a resident and citizen of (City, State) Owings Mills MD and claims damages as set forth below.

—OR—

Decedent died on (Month, Day, Year) _____. At the time of Decedent's death, Decedent was a resident and citizen of (City, State) _____.

If any party claims loss of consortium,

3. _____ ("Consortium Plaintiff") alleges damages for loss of consortium.

4. At the time of the filing of this Short Form Complaint, Consortium Plaintiff is a citizen and resident of (City, State) _____.

5. At the time the alleged injury occurred, Consortium Plaintiff resided in (City, State) _____.

B. DEFENDANT(S)

6. Plaintiff(s) name(s) the following Defendants from the Amended Master Personal Injury Complaint in this action:

a. **Brand-Name Manufacturers:**

Boehringer (all)
GlaxoSmithKline (all)
Sanofi (all)
Pfizer
Chattem, Inc

b. Generic Manufacturers:

c. Distributors and Repackager:

d. Retailers:

e. Others Not Named in the AMPIC:

C. JURISDICTION AND VENUE

7. Identify the Federal District Court in which Plaintiff(s) would have filed this action in the absence of Pretrial Order No. 11 (direct filing) [or, if applicable, the District Court to which their original action was removed]:

_____ District of MD _____

8. Jurisdiction is proper upon diversity of citizenship.

II. PRODUCT USE

9. The Injured Party used Zantac and/or generic ranitidine: *[Check all that apply]*

By prescription

Over the counter

10. The Injured Party used Zantac and/or generic ranitidine from approximately (month, year) Nov 1994 to Feb 1996.

III. PHYSICAL INJURY

11. As a result of the Injured Party's use of the medications specified above, *[he/she]* was diagnosed with the following specific type of cancer (check all that apply):

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input type="checkbox"/>	BLADDER CANCER	
<input type="checkbox"/>	BREAST CANCER	
<input type="checkbox"/>	COLORECTAL/INTESTINAL CANCER	
<input type="checkbox"/>	ESOPHAGEAL CANCER	

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input checked="" type="checkbox"/>	GASTRIC CANCER	Nov 2016
<input type="checkbox"/>	KIDNEY CANCER	
<input type="checkbox"/>	LIVER CANCER	
<input type="checkbox"/>	LUNG CANCER	
<input type="checkbox"/>	PANCREATIC CANCER	
<input type="checkbox"/>	PROSTATE CANCER	
<input type="checkbox"/>	OTHER CANCER: _____	
<input type="checkbox"/>	DEATH (CAUSED BY CANCER)	

12. Defendants, by their actions or inactions, proximately caused the injuries to Plaintiff(s)

IV. CAUSES OF ACTION ASSERTED

13. The following Causes of Action asserted in the Amended Master Personal Injury Complaint are asserted against the specified defendants in each class of Defendants enumerated therein, and the allegations with regard thereto are adopted in this Short Form Complaint by reference.

14. By checking the appropriate causes of action below, Plaintiff(s) assert these causes of action based upon the law and applicable Sub-Counts of the following state(s):¹

Check all that apply	Count	Causes of Action	State(s)
<input checked="" type="checkbox"/>	I	Strict Products Liability – Failure to Warn through Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, Except DE, IA, MA, NC, PA, and VA

¹ In selecting the relevant states above, Plaintiffs reserve all rights to argue choice of law issues at a later time.

Claim Category Number	Count	Claim/Action	States/Territories
<input checked="" type="checkbox"/>	II	Negligence – Failure to Warn through Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, Except LA, NJ, OH, and WA
<input checked="" type="checkbox"/>	III	Strict Products Liability – Failure to Warn through Proper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, Except DE, IA, MA, NC, PA, and VA
<input checked="" type="checkbox"/>	IV	Negligence – Failure to Warn through Proper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, Except LA, NJ, OH, OK, and WA
<input checked="" type="checkbox"/>	V	Negligence - Failure to Warn Consumers through the FDA (Against Brand-Name and Generic Manufacturer Defendants)	CA, DE, DC, HI, IN, KY, LA, MD, MA, MN, MO, NV, NY, OR, and PA
<input checked="" type="checkbox"/>	VI	Strict Products Liability – Design Defect Due to Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, Except DE, IA, MA, NC, PA, and VA
<input type="checkbox"/>	VII	Strict Products Liability – Design Defect Due to Improper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, Except DE, IA, MA, NC, PA, and VA
<input type="checkbox"/>	VIII	Negligent Failure to Test (Against Brand-Name and Generic Manufacturer Defendants)	KS, TX
<input checked="" type="checkbox"/>	IX	Negligent Product Containers: (Against Brand-Name and Generic Manufacturers of pills)	All States and Territories
<input checked="" type="checkbox"/>	X	Negligent Storage and Transportation Outside the Labeled Range (Against All Retailer and Distributor Defendants)	All States and Territories
<input checked="" type="checkbox"/>	XI	Negligent Storage and Transportation Outside the Labeled Range (Against All Brand-Name and Generic Manufacturer Defendants)	All States and Territories
<input type="checkbox"/>	XII	Negligent Misrepresentation (Against Brand-Name Manufacturers by Generic Consumers in California)	CA only
<input type="checkbox"/>	XIII	Reckless Misrepresentation (Against Brand-Name Manufacturers by Generic Consumers in Massachusetts)	MA only

Count Number Alleged	Count Number Alleged	Count Number Alleged	Count Number Alleged
<input checked="" type="checkbox"/>	XIV	Unjust Enrichment (Against All Defendants)	All States and Territories
<input type="checkbox"/>	XV	Loss of Consortium (Against All Defendants)	All States and Territories
<input type="checkbox"/>	XVI	Wrongful Death (Against All Defendants)	All States and Territories
<input type="checkbox"/>		Other	

If Count XV or Count XVI is alleged, additional facts supporting the claim(s):

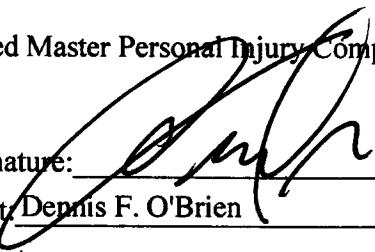
V. JURY DEMAND

14. Plaintiff(s) hereby demand(s) a trial by jury as to all claims in this action.

Pursuant to PTO 13, if this is an amended Short Form Complaint, specify all changes made to the prior version of the Short Form Complaint, with citations to the paragraphs that have been changed:

VI. PRAYER FOR RELIEF

WHEREFORE, Plaintiff(s) has/have been damaged as a result of Defendants' actions or inactions and demand(s) judgment against Defendants on each of the above-referenced causes of action, jointly and severally to the full extent available in law or equity, as requested in the Amended Master Personal Injury Complaint.

Attorney 1 Signature: 

Attorney 1 Print: Dennis F. O'Brien

Attorney 2 Signature: _____

Attorney 2 Print: _____

Firm: Dennis F. O'Brien PA

Address 1: 2014 S Tollgate Road, Suite 209, false, Su

Address 2: Suite 209

City: BEL AIR

State: MD

Zip: 21015

Email: OBIE26@AOL.COM

Phone: 410-420-7411

Attorney 1 Signature: _____

Attorney 1 Print: _____

Attorney 2 Signature: _____

Attorney 2 Print: _____

Firm: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Email: OBIE26@AOL.COM

Phone: _____